

Northern District Of Ohio
United States Bankruptcy Court
201 Superior Avenue
Cleveland, OH 44114-1235
Case No. 09-21360-pmc

In re: (Name of Debtor)

Bradley Ray Napier
12243 St. Rt. 301
LaGrange, OH 44050

Bobbie Jo Napier
Aka –Bobbie Jo Whyel
12243 St. Rt. 301
LaGrange, OH 44050

Social Security No.:

xxx-xx-3267

xxx-xx-1402

**NOTICE OF NEED TO FILE PROOF OF CLAIM
DUE TO RECOVERY OF ASSETS**

To the Creditors and Parties in Interest:

The initial notice in this case instructed creditors not to file a proof of claim. Assets have since been recovered by the trustee and creditors who wish to share in distribution of funds must file a proof of claim with the clerk at:

United States Bankruptcy Court
201 Superior Avenue
Cleveland, OH 44114-1235

Last date to file claims: **April 5, 2010**

Creditors who do not file a proof of claim on or before the last date to file claims will not share in distribution. A proof of claim form is included with this notice. It may be filed by regular mail. If you wish to receive proof of receipt by the bankruptcy court, enclose a photocopy of the proof of claim with a stamped, self-addressed envelope. There is no fee for filing the proof of claim.

Any creditor who has previously filed a proof of claim need not file another proof of claim.

Dated: January 5, 2010
Form ohnb177
Proof of Claim Included

For the Court
Kenneth J. Hirz, Clerk

| | | |
|--|--|--|
| UNITED STATES BANKRUPTCY COURT Northern District of Ohio | | PROOF OF CLAIM |
| Name of Debtor: Bradley Ray Napier Bobbie Jo Napier | | Case Number: 09-21360-pmc |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. | | |
| Name of Creditor (the person or other entity to whom the debtor owes money or property): | | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____ |
| Name and address where notices should be sent: | | |
| Telephone number: | | |
| Name and address where payment should be sent (if different from above): | | <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case. |
| Telephone number: | | |
| 1. Amount of Claim as of Date Case Filed: \$ _____ If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. | | 5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). Amount entitled to priority: \$ _____ <i>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i> |
| 2. Basis for Claim: _____ (See instruction #2 on reverse side.) | | |
| 3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.) | | |
| 4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate ____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____ | | |
| 6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. <i>(See instruction 7 and definition of "redacted" on reverse side.)</i> DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: | | |
| Date: _____ | Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. | |
| | | FOR COURT USE ONLY |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a):

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

CERTIFICATE OF NOTICE

District/off: 0647-1
Case: 09-21360

User: ejone
Form ID: 177

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Total Noticed: 90

Date Rcvd: Jan 05, 2010

The following entities were noticed by first class mail on Jan 07, 2010.

db/db +Bradley Ray Napier, Bobbie Jo Napier, 12243 St. Rt. 301, LaGrange, OH 44050-9732
tr +Sheldon Stein, 50 Public Square, Ste. 400, Post Office Box 5606, Cleveland, OH 44101-0606
19072853 +08CVI0584, Rocky River Municipal Court, 21012 Hilliard, Rocky River, OH 44116-3398
19072854 +2008CVE00393, Elyria Municipal Court, 601 Broad St., Elyria, OH 44035-5301
19072855 +2008CVI02910, Elyria Municipal Court, 601 Broad St., Elyria, OH 44035-5301
19072856 +Adelphia Cable, c/o Credit Protection Association, 13355 Noel Rd., Dallas, TX 75240-6602
19072857 Akron Billing Center, 2620 Ridgewood, Akron, OH 44313-3527
19072858 +All Kind, 23821 Lorain, North Olmsted, OH 44070-2227
19072859 +Allen Community Hospital, 200 West Lorain, Oberlin, OH 44074-1026
19072860 +Allen Medical Center, 200 West Lorain, Oberlin, OH 44074-1026
19072861 +Alliance One, 1684 Woodlands Dr. Ste 150, Maumee, OH 43537-4026
19072862 +Allied Waste Services, 40195 Butternut Ridge, Elyria, OH 44035-7903
19072864 +Amata Abrigo MD, 508 E. Broad St., Elyria, OH 44035-6438
19072866 +Ameriloan, PO 111, Miami, OK 74355-0111
19072868 +Amherst Hospital, 630 E. River, Elyria, OH 44035-5902
19072867 +Amherst Hospital, 254 Cleveland, Amherst, OH 44001-1699
19072870 +AssetCare, 5100 Peachtree Industrial, Norcross, GA 30071-5721
19072871 +AssetCare, Inc., 5100 Peachtree Industrial Blvd., Norcross, GA 30071-5721
19072872 Bally's, c/o Financial Credit Corp., PO 8968, St. Clair Shores, MI 48080
19072873 +CNAC, 7550 Leavitt, Amherst, OH 44001-2702
19072875 +Charter One, c/o RJM Acquisition, 575 Underhill #224, Syosset, NY 11791-3416
19072876 Cleveland Clinic, PO Box 94909, Cleveland, OH 44101-4909
19072877 +Columbia Gas, P.O. Box 742510, Cincinnati, OH 45274-2510
19072878 +Comcast, PO 3002, Southeastern, PA 19398-3002
19072880 +Community Health Partners, P.O. Box 830, Lorain, OH 44052-0830
19072879 +Community Health Partners, 221 W. 21st St., Lorain, OH 44052-4754
19072881 Credit Management Services, PO 931, Brookfield, WI 53008-0931
19072882 +Cuyahoga Physician Network, P.O. Box 951098, Cleveland, OH 44193-0005
19072884 +Dale A. Petrill DDS, 32 East College St., Oberlin, OH 44074-1613
19072885 +Diversified Receivable Management, P.O. Box 30340, Middleburg Heights, OH 44130-0340
19072886 +Drs. Hill & Thomas, Suite 221, 3355 Richmond Road, Beachwood, OH 44122-4180
19072887 +EMH Professional, P.O. Box 931830, Cleveland, OH 44193-1930
19072888 +EMH Regional Medical Center, 630 East River, Elyria, OH 44035-5902
19072889 +EMH Women's Health Care, P.O. 931830, Cleveland, OH 44193-1930
19072890 +Elyria Public Utilities, PO 4018, Elyria, OH 44036-2018
19072891 +FBCS, 841 E. Hunting Park, Philadelphia, PA 19124-4800
19072892 Fairview Hospital, PO 92929, Cleveland, OH 44194-0010
19072893 +Financial Asset Management Systems, Camp & Novell, PO 80847, Atlanta, GA 30366-0847
19072894 First Merit Bank, c/o Denovus, PO 793, Washington, PA 15301-0793
19072895 +First Premier Bank, c/o Pinnacle Financial, PO 4115, Cencord, CA 94524-4115
19072896 +GLW Broadband, 993 Commerce, P.O. 67, Grafton, OH 44044-0067
19072897 +Georgia Check Recovery, PO 45, 110 Main St., Jersey, Georgia 30018-0045
19072898 +Goodwin & Bryan, P.O. Box 26094, Fairview Park, OH 44126-0094
19072899 +IMBS, P.O. Box 189053, Plantation, FL 33318-9053
19072900 Joseph Mann & Creed, 20600 Chagrin Blvd. #550, Shaker Heights, OH 44122-5340
19072901 +Kmart, c/o Business Credit Services, 206 West Main, Fairborn, OH 45324-5035
19072902 +Lorain-Medina Rural Coop, 22898 West Road, P.O. 158, Wellington, OH 44090-0158
19072903 +Lowe's, 646 Midway, Elyria, OH 44035-2442
19072904 +MQC Collection, P.O. Box 140250, Toledo, OH 43614-0250
19072905 +Mystery Guild, c/o Allied Interstate, PO 5023, New York, NY 10163-5023
19072906 +N.E. Radiological Assoc., 16101 Snow Rd. Ste 102, Cleveland, OH 44142-2817
19072907 +NCO Financial, 507 Prudential, Horsham, PA 19044-2368
19072908 +Neonatal Specialists, P.O. Box 559004, Ft. Lauderdale, FL 33355-9004
19072909 +North American Fishing Club, c/o RMCB, PO 1238, Elmsford, NY 10523-0938
19072910 +North Olmsted OB/GYN, P.O. Box 92903, Cleveland, OH 44194-2903
19072913 +OHIO EDISON, BANKRUPTCY DEPARTMENT, 6898 MILLER ROAD, BRECKSVILLE OH 44141
(address filed with court: Ohio Edison, PO 3637, Akron, OH 44309-3637)
19072911 OMS, CS 9018, Melville, NY
19072912 Ohio Dept. of Job and Family Services, PO Box 182404, Columbus, OH 43218-2404
19072914 +Orthopaedic Associates, P.O. Box 901854, Cleveland, OH 44190-1854
19072915 Penn Credit Corp., P.O. Box 988, Harrisburg, PA 17108-0988
19072916 Physicians Link Centers, P.O. Box 13925, Fairlawn, OH 44334-3925
19072917 +Principal Residential Mortgage, 711 High St., Des Moines, IA 50392-0001
19072918 Probill, PO Box 2078, Huntington, WV 25720-2078
19072919 +Progressive Insurance, c/o Credit Collection Services, Two Wells Ave.,
Newton, MA 02459-3208
19072920 +Providian National Bank, c/o Unifund CCR Partners, PO 42465, Cincinnati, OH 45242-0465
19072921 +Public Storage, Inc., c/o Allied Interstate, 3000 Corporate Exchange, 5th Fl.,
Columbus, OH 43231-7723
19072922 +RBA, 221 Eighth St., Lorain, OH 44052-1817
19072923 +Regional Pathology, PO 385, Lorain, OH 44052-0385
19072924 +Restaurant Efund, 109 W. Virginia St. #203, McKinney, TX 75069-4421
19072925 +Robert Tarry, 500 Middle Ave., Elyria, OH 44035-5849
19072927 +Southwest General, c/o Cleveland Credit Exchange, P.O. Box 75273, Cleveland, OH 44101-2199
19072928 +Southwest General Health Center, P.O. Box 932701, Cincinnati, OH 45263-0001
19072929 +Southwest Internal Medicine, 7255 Old Oak #C209, Cleveland, OH 44130-3329
19072930 +St. John Westshore, P.O. Box 951073, Cleveland, OH 44193-0005
19072931 State of Ohio, PO Box 182404, Columbus, OH 43218-2404
19072932 +Stoffe Federal Credit Union, 5750 Harper, Solon, OH 44139-1831
19072933 Tribute Mastercard, c/o Midland Credit Management, Dept 8870, Los Angeles, CA 90084-8870
19072935 +Unifund CCR Partners, PO 42465, Cincinnati, OH 45242-0465
19072936 +United Collection Bureau, 7017 Pearl, Middelburg Heights, OH 44130-4935
19072937 +Urology of Northern Ohio, 5319 Hoag, Elyria, OH 44035-1494

District/off: 0647-1
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Date Rcvd: Jan 05, 2010

19072939 +Weltman Weinberg, 323 Lakeside #200, Cleveland, OH 44113-1099
19072940 +Windstream, P.O. Box 9001908, Louisville, KY 40290-1908
19072941 Woodforest National Bank, c/o Mirand, PO 219050, Houston, TX 77218-9050

The following entities were noticed by electronic transmission on Jan 05, 2010.

tr +EDI: QSSTEIN.COM Jan 05 2010 17:23:00 Sheldon Stein, 50 Public Square, Ste. 400,
Post Office Box 5606, Cleveland, OH 44101-0606
19072861 +EDI: ALLIANCEONE.COM Jan 05 2010 17:23:00 Alliance One, 1684 Woodlands Dr. Ste 150,
Maumee, OH 43537-4026
19072863 EDI: ALLTEL.COM Jan 05 2010 17:23:00 Alltel, PO 9001908, Louisville, KY 40290-1908
19072865 Fax: 703-433-7292 Jan 05 2010 21:26:48 America Online, GPO, PO 29593,
New York, NY 10087-9593
19072869 +EDI: ACCE.COM Jan 05 2010 17:23:00 Asset Acceptance, PO 2036, Warren, MI 48090-2036
19072874 +E-mail/Text: RAINACH@MSN.COM CenturyTel, c/o Stop Loss,
P.O. Box 4710, Monroe, LA 71211-4710
19072926 +E-mail/Text: ronkoehler@aol.com Ronald J. Koehler,
3522 Manchester Rd. Suite D, Akron, OH 44319-1451
19072933 E-mail/Text: crystal.womack@twcable.com Time Warner Cable, PO 0901,
Carol Stream, IL 60132-0901
19072938 EDI: AFNIVZCOMBINED.COM Jan 05 2010 17:23:00 Verizon, c/o Afni, Inc., PO 3427,
Bloomington, IL 61702-3427

TOTAL: 9

***** BYPASSED RECIPIENTS (undeliverable, * duplicate) *****

19072883* +Cuyahoga Physician Network, PO Box 951098, Cleveland, OH 44193-0005

TOTALS: 0, * 1

Addresses marked '+' were corrected by inserting the ZIP or replacing an incorrect ZIP.
USPS regulations require that automation-compatible mail display the correct ZIP.

Addresses marked '++' were redirected to the recipient's preferred mailing address
pursuant to 11 U.S.C. 342(f)/Fed.R.Bank.PR.2002(g)(4).

I, Joseph Speetjens, declare under the penalty of perjury that I have sent the attached document to the above listed entities in the manner shown, and prepared the Certificate of Notice and that it is true and correct to the best of my information and belief.

Meeting of Creditor Notices only (Official Form 9): Pursuant to Fed. R. Bank. P. 2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.

Date: Jan 07, 2010

Signature:

